

TO: Hospital Administrators

FROM: Susan J. Tucker Joseph E. Davis
Executive Director Executive Director
Office of Health Services Office of Operations and Eligibility

RE: HIPAA Implementation

DATE: September 29, 2003

The Health Insurance Portability and Accountability Act (HIPAA) mandates the standardization of Electronic Data Interchange formats for health care data transmission, including claims, remittance, eligibility, and claim status inquiries. HIPAA regulations replace the electronic HCFA 1500 and UB92 claim formats, with ANSI ASC X12N 837 Transactions, version 4010A. HIPAA also requires that we accept, for dates of service, national standard CPT, ICD-9, and HCPCS codes.

The memorandum discusses the Medical Care Programs' (the Program) HIPAA readiness, companion guides, testing, the Submitter Identification Form and Trading Partner Agreement, and two billing procedure changes. **If you plan to submit electronic claims to the Medicaid, either directly or through a billing service, you must return a signed Submitter Identification Form and Trading Partner Agreement.**

MEDICAL CARE PROGRAM HIPAA READINESS

As everyone is aware, the conversion to HIPAA compliant transactions is a very complicated process. Although we have been working very hard to crosswalk our codes and modify our transactions, the uniqueness of the Medicaid Program has posed many challenges for us that we are still working on today.

- Transactions available on October 18, 2003: We will have the capacity to process the X12N 837 and the X12N 835. Claims submitted after 4:00 pm on October 17, 2003 should be in the X12N 837 form.
- Transactions NOT available on October 18, 2003: Please continue to use the EVS system for verifying Medicaid recipient eligibility as the X12N 270/271 transaction for Eligibility Inquiry and Response will not be available. We are working on the X12N 276/277, Claim Status Request and Response, but this will not be available.

For information on claim status, continue contacting the Program as you currently do:

For Institutional Providers (Hospitals and Nursing Homes), please contact the Problem Resolution Unit via phone at 410 767-5457 or in fax at 410 333-5027 or in writing to Problem Resolution Unit, SS-5, 201 W Preston St. Baltimore, MD 21201.

We request your patience during the conversion process.

COMPANION GUIDES

In working towards the October 2003 implementation deadline, the Program produced Companion Guides to assist trading partners in code and situation handling for the ANSI ASC X12N Transactions. Our Companion Guides can be obtained through the DHMH website at: <http://www.dhmh.state.md.us/hipaa/transandcodesets.html>.

At this time, the X12 837 and X12 835 Companion Guides are available. We continue to work on the other transaction Companion Guides and will post them on the web when they are completed.

TESTING

Trading Partners who plan to send electronic transmissions directly to the Program must test for HIPAA compliance before they can transmit claims to us for payment. The Program offers free testing, which can be accessed at: <http://www.dhmh.state.md.us/hipaa/testinstruct.html>.

TRADING PARTNER AGREEMENT and SUBMITTER IDENTIFICATION FORM

We have attached a copy of our Trading Partner Agreement and Submitter Identification Form.

The Program must have both the Trading Partner Agreement and Submitter Identification Form on file before accepting any HIPAA transactions including X12N 837 (Claims).

Each form has a contact phone number if you have additional questions or if you are unclear which forms you are to fill out. It is imperative that you complete the necessary form(s) and returns them prior to submitting electronic transactions. Please mail the agreements to:

Rita Tate
201 W. Preston St. Rm. LL3
Baltimore MD 21201
Attn: HIPAA Billing Agreements

HOSPITAL BILLING PROCEDURE CHANGES

- Please note that Acute Hospitals should use Revenue Code 0169 to bill for Administrative Days.

If you do not complete testing and the attached agreements are not on file with the Program, we will NOT be able to process your electronic claims after October 17, 2003.